

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: THE COMMUNITY IMPROVEMENT CORP OF HENRY COUNTY OHIO INC
Number and street (or P O box, if mail is not delivered to street address): 104 EAST WASHINGTON STREET
City or town, state or province, country, and ZIP or foreign postal code: NAPOLEON, OH 43545

D Employer identification number: 34-1167331
E Telephone number: (419) 592-4637
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.HENRYCOUNTYED.COM
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 108,450

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1	Contributions, gifts, grants, and similar amounts received 37,400
2	Program service revenue including government fees and contracts 25,115
3	Membership dues and assessments 45,850
4	Investment income 85
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b
c	Less direct expenses from gaming and fundraising events 6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 108,450
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 79,656
13	Professional fees and other payments to independent contractors 3,346
14	Occupancy, rent, utilities, and maintenance 14
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 45,193
17	Total expenses. Add lines 10 through 16 128,195
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -19,745
Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 371,252
20	Other changes in net assets or fund balances (explain in Schedule O) 20
21	Net assets or fund balances at end of year Combine lines 18 through 20 351,507

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of APRIL WELCH Telephone no (419) 592-4637
Located at 104 EAST WASHINGTON ST SUITE 301 NAPOLEON , OH ZIP + 4 43545

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ ***** Signature of officer	2019-11-13 Date
▶ APRIL WELCH EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CARMA RUPP	Preparer's signature	Date 2019-11-13	Check <input type="checkbox"/> if self-employed	PTIN P00002360
	Firm's name ▶ PENROD & GEORGE			Firm's EIN ▶ 34-1176143	
	Firm's address ▶ 421 INDEPENDENCE DRIVE NAPOLEON, OH 43545			Phone no (419) 599-8045	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 34-1167331

Name: THE COMMUNITY IMPROVEMENT CORP
OF HENRY COUNTY OHIO INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 PROMOTED ECONOMIC DEVELOPMENT BY PROVIDING TAX ABATEMENT ASSISTANCE AND SUPPORTING INFRASTRUCTURE PROJECTS THROUGHOUT HENRY COUNTY OHIO (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	79,664

Form 990EZ, Part IV — List of Officers, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAN BRUBAKER PRESIDENT	0 10	0		
LYNDSEY LUCAS VICE PRESIDE	0 10	0		
JIM DREWES SECRETARY/TR	0 10	0		
KELLI BURKHARDT EX COMMITTEE	0 10	0		
JASON MAASSEL EX COMMITTEE	0 10	0		
DAN BAER TRUSTEE	0 10	0		
NEAL CARTER TRUSTEE	0 10	0		
JEFF BRUBAKER TRUSTEE	0 10	0		
KEVIN GARRINGER TRUSTEE	0 10	0		
KEVIN GERKEN TRUSTEE	0 10	0		
GLENN MILLER TRUSTEE	0 10	0		
WES MUTTER TRUSTEE	0 10	0		
KIM SCHUMM TRUSTEE	0 10	0		
RYAN ZACHRICH TRUSTEE	0 10	0		
TODD ZIEGLER TRUSTEE	0 10	0		

Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees

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(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
APRIL WELCH EXECUTIVE DI	000 00	0		
DENISE DAHL FORMER DIREC	40 00	54,950		

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

THE COMMUNITY IMPROVEMENT CORP
OF HENRY COUNTY OHIO INC

Employer identification number

34-1167331

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 6,368 OFFICE EXPENSE 4,693 TELEPHONE 189 TRAVEL AND ENTERTAINMENT 2,208 CONFERENCE AND SEMINARS 3,232 INSURANCE 3,061 INFRASTRUCTURE PROJECTS 20,000 DUES AND SUBSCRIPTIONS 3,158 MISCELLANEOUS 20 WORK FORCE DEVELOPEMENT 1,554 NON-INVESTMENT DEPRECIATION 710 TOTAL 45,193

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 5,000 3,930 PREPAID EXPENSES AND DEFERRED CHARGES 1,000 1,000 PROPERTY AND EQUIPMENT 12,834 12,834 LESS ACCUMULATED DEPRECIATION 10,386 11,096 TOTAL 8,448 6,668

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCRUED EXPENSES 5,558 3,858

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO RETAIN, EXPAND, AND ATTRACT CAPITAL INVESTMENT AND JOBS TO NAPOLEON AND HENRY COUNTY OH IO STRATEGIES USED TO IMPLEMENT THE MISSION INCLUDE THE USE AND PROMOTION OF LOCAL, STATE , AND FEDERAL FINANCIAL ASSISTANCE, TAX INCENTIVE, AND TRAINING/TECHNICAL ASSISTANCE PROGRAMS